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REQUEST FOR CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/623,908	\		
Filing Date	July 21, 2003			
First Named Inventor	Paul John Kawula			
Art Unit	3738			
Confirmation No.	5357			
Examiner Name	Brian E. Pellegrino			
Attorney Docket Number	050623 00245	,		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1.	Sul	bmission required under 37 C.F.R. 1.114				
	a. 🖂	Previously submitted				
	i.	Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on April 24, 2009.				
	ii.	(Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on.				
	iii.	Other				
	b. 🔲	Enclosed				
	i.	Amendment/Response iii. Information Disclosure Statement (IDS)				
	ii	Affidavit(s)/Declaration(s) iv. Other				
2.	Miscellaneous					
	а. 🗌	Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)				
	b. 🔲	_				
3.	Fee	The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed				
	 The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>07-1850</u> 					
	i. RCE fee required under 37 C.F.R. 1.17(e)					
	ii. Extension of time fee (37 C.F.R. 1.136 and 1.17) (2 month Extension previously paid on April 24, 2009 with Amendment)					
	iii. b. □	Check in the amount of \$ enclosed				
	c. 🗆	Payment by credit card (Form PTO-2038 enclosed				
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
	TO A STATE OF THE					

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Name (Print /Type)	Cameron K. Kerrigan	Registration No. (Attorney/Agent)		44,826				
Signature	6	Date	April 24, 2009					

Burden Hour Statement. This form is estimated to lake 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chef Information Officer, U.S. Patient and Trademants. Office, Washington, Do C2231. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND Completed Forms to the following address: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450